

Work Order ID 120825

Wednesday, June 11, 2014 10:33:40 AM

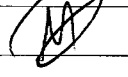
120825

Page 1

Item ID: D4635-3 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Aft Ceiling Panel, LH

Start Date: 7/02/14 Start Qty: 1.00 ***1*** Cust Item ID:
 Required Date: 7/02/14 Req'd Qty: 1.00 ***1*** Customer:

Reference:

Approvals: Process Plan:  Date: 14.6.11 Tooling: Date: Run Start ***NR1***
 QC: Date: SPC (Y/N): Date: Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D4635	E

100		0.00							DAS 07 9-89
100	HAND FINISHING THERMOFORMING								
Thermoform	Memo	0.00							
Thermoforming Machine	Cut Blanks								14/06/18

105		0.00							DAS 07 9-89
105	Dry Material								
Hand Thermo	Memo	0.00							
Hand Finishing Thermoforming	Dry Sheet as per QSI022 POLYCARBONATE								14/06/18

Temp: 245 deg
 Time IN: 5:00 PM
 Time OUT: 6:00 PM
 JUN 18 2014

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Wednesday, June 11, 2014 10:33:40 AM

120825

Page 2

Accept

N900040100

Setup Start *NS1*

Revision ID:

Item Name: Aft Ceiling Panel, LH

Stop *NS2*

Start Date: 7/02/14 **Start Qty:** 1.00

1

Cust Item ID:

Required Date: 7/02/14 **Req'd Qty:** 1.00

*** 1 ***

Customer:

Reference:

Approvals: **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/
Work Center ID

Operation Description

Set Up/ Run Hours

Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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110

0.00

110

THERMOFORMING MACHINE

0.00

Thermoform

Memo

Thermoforming Machine

Thermoform as per Dwg. D4635-3 and Folio FTA149

Dwg. Rev. E

Folio Rev. 6 D 66.

NOTE: Check moulds prior to using to ensure proper placement of add-ons.
Visually inspect for proper formation and texture

130

0.00

130

HAND FINISHING THERMOFORMING

0.00

Thermoform

Memo

Thermoforming Machine

Trim to Finished Dimensions

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
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Handling/Pre									
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FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 120825

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Page 3

Item ID: D4635-3 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Aft Ceiling Panel, LH
 Start Date: 7/02/14 Start Qty: 1.00 ***1*** Cust Item ID:
 Required Date: 7/02/14 Req'd Qty: 1.00 ***1*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140 *140* QC Quality Control	QC6- Inspect dimensions to drawing Dimensional Inspection Memo Fill out Inspection Sheet Rev A	0.00 0.00 <i>SMF</i> <i>14/1/23</i>				<u>1</u> <u>1</u>			<i>14/07/22</i>
160 *160* Packaging Packaging	Packaging Memo	0.00 0.00				<u>1</u>			<i>14/07/23</i>
170 *170* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00 0.00							<i>MLJ 14-07-24</i> <i>SMF</i> <i>14-7-23</i>

DQA: _____ Date: _____



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Doc/Data									
Equip/Tooling									
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Offset/Setup									
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Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

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Picklist Print

Wednesday, June 11, 2014 10:33:39 AM

Page 1

Work Order ID: 120825

120825

Parent Item: D4635-3

D4635-3

Parent Item Name: Aft Ceiling Panel, LH

Start Date: 7/02/14

Required Date: 7/02/14

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev. A New Issue 12/05/07 DL VERIFIED BY:JLM IPP Rev. B
Dwg. Update 12/11/08 DL IPP Rev C Dwg. Update
13/07/09 DL IPP Rev. D Dwg. Update, Material
Change 13/12/18 DL

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.093-F6006-07		Purchased	No			100	sf	1,148.443	9.39	10			DAS 07 9-89

MI FXS 093-F6006-07

GE PLASTICS LEXAN SHEET (Grey)

Location	Loc Qty	Loc Code
MAT023	1148.44332	
114459	229.26	
123105	38	
124501	543.5	
m128668	181.35	
m129014	156.33332	

129471

17/06/18

10 g H.

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

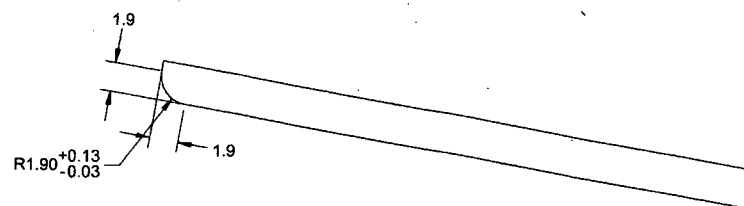
Work Order update only ☐

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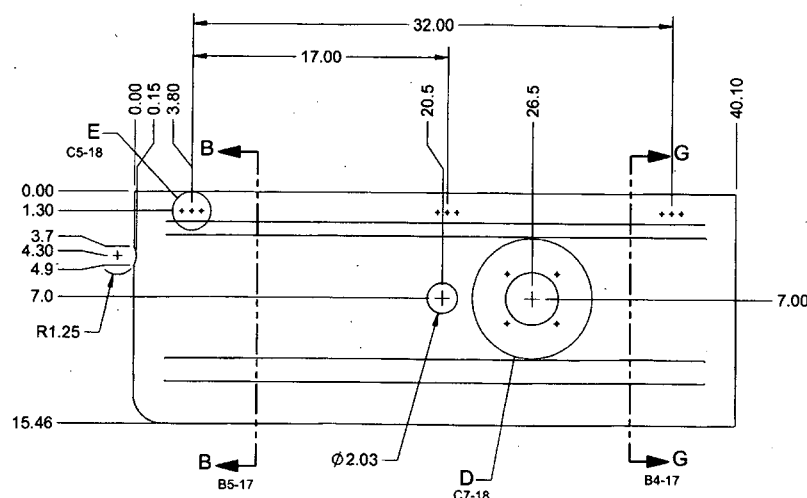
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

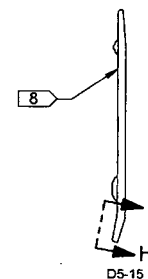
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence
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SECTION H-H B2-15



SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. **120825 MP**
14-6-11



NOTES:

- 1) MATERIAL: F6006 SUEDE/POLISHED GY5B133 LIGHT GREY LEXAN SHEET 0.093 THICK
(REF DART SPEC MLEXS.093-F6006-07)
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 2.66 lbs
- 8) TEXTURE ON THIS SIDE
- 9) TRIM D4635-3 PER TOOL DT9841
- 10) THERMOFORM D4635-3 PER QSI 022 USING DT9849 TOOL
MIN. THICKNESS AFTER FORMING:
RIDGES/EDGES = 0.060
ELSEWHERE = 0.070

D4635-3 LH, AFT CEILING PANEL

RELEASED
2014-01-22

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	PC	DRAWING NO.	REV. E
MFG. APPR.	PC	D4635	SHEET 15 OF 18
APPROVED	PC	TITLE	SCALE
DE APPR.	PC	OUTBOARD CEILING PANELS	NTS
DATE	14.01.09	COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR DISSEMINATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

SECTION A-A
SECTION A'-A' OPPOSITE
SCALE 2X

AUXILIARY VIEW R-R
SECTION R'-R' OPPOSITE
SCALE 2X

SECTION B-B B7-13
SCALE 2X B7-14

AUXILIARY VIEW S-S
SECTION S'-S' OPPOSITE
SCALE 2X

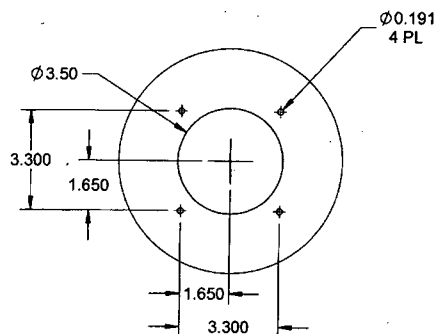
SECTION G-G B4-15
SCALE 2X B4-16

SECTION K-K C6-16
SCALE 2X

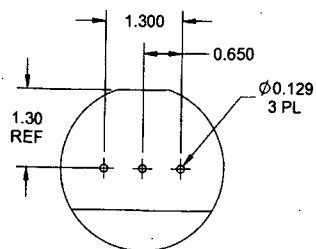
2014-01-22

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	<i>PC</i>	DRAWING NO.	REV. E
MFG. APPR.	<i>RF</i>	D4635	SHEET 17 OF 18
APPROVED	<i>RF</i>	TITLE	SCALE
DE APPR.	<i>RF</i>	OUTBOARD CEILING PANELS	NTS
DATE	14.01.09	COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS RECOGNITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD	

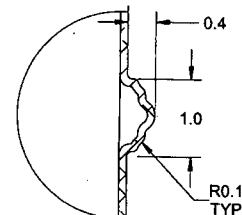
8 7 6 5 4 3 2 1



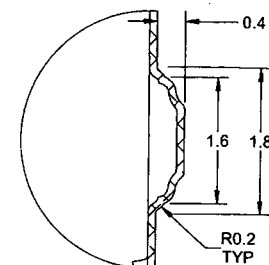
DETAIL D
SCALE 2X
B4-13
B3-14
B5-15
B5-16



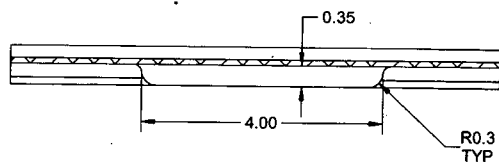
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B6-14
C6-15
B5-16



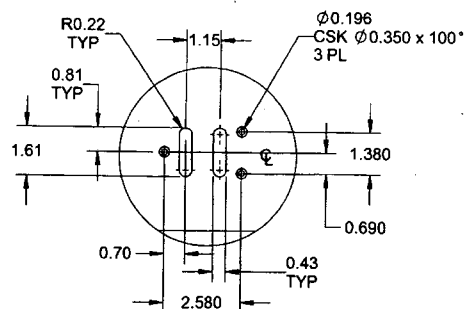
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C7-17



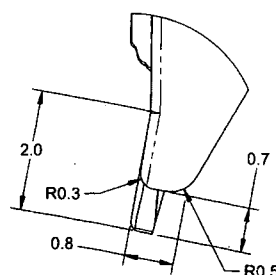
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C7-17



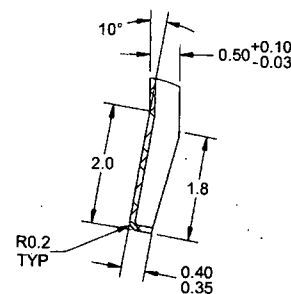
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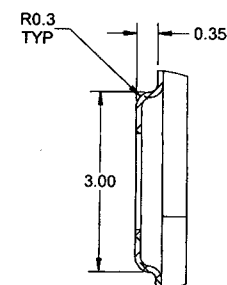
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SCALE 2X
C5-16



DETAIL N
SCALE 2X
B2-13



DETAIL O
SCALE 2X
D2-17
D3-17
B5-17



DETAIL P
SCALE 4X
C2-17

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INSPECTION SHEET

3.30
1.65

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